FORM NLRB-502 (UD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE
Case No. Date I

Date Filed 3/7/2022

29-UD-291728 **UD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a showing of interest (see 6b below). When filed with the NLRB, the petition must be accompanied by a showing of interest (see 6b below) that should not be served on any party. 1. PURPOSE OF THIS PETITION: UD-DEAUTHORIZATION OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire to rescind the authority of such labor organization to require, under such agreement, that employees make certain lawful payments to that labor organization in order to retain their jobs. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) TIVE, HERNOON VA 20171 3e. Fax No 3f. E-Mail Address kaciban O parasys. Com Type of Establishment (Factory, mine, wholesaler, etc.) CUPITU 5a. Description of Unit Involved 5b. City and State where rotective Security officers Included: unit is located: ewYork, NY Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit desire to rescind the authority of the labor organization to require. 6. Number of Employees in Unit: under an agreement, that employees make certain lawful payments to that labor organization in order to retain their jobs: Yes 7a. Name of Recognized or Certified Bargaining Agent (if none, so state) 7b. Address Cntorcement Sec are leosunionsa gmail.com 202-4868558 7g. Affiliation 8. Date of Recognition or Certification 9. Execution & Expiration Dates of Current or Most Recent Contract, if any (Month, Day, Year) 7020 10. Is there now a strike or picketing at the Employer's establishment(s) involved? NO I If so, approximately how many employees are participating? , has picketed the Employee since (Month, Day, Year) (Name of labor organization) 11. Organizations or individuals and those named in items 7 and 10, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 11a, Name 11b. Address 11c Tel No 11d. Cell No. 11e. Fax No. 11f. E-Mail Address 12a. Election Type: 12.Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Manual Mail Mixed Manual/Mail 12b. Election Date(s): 12c. Election Time(s): 12d. Election Location(s): cal name and number if applicable) of national or international labor organization of which Petitioner is an 13c. Tel. No. 13e. Fax No. (6), (b) 14. Representative of the Petitioner who will accept service of all papers for purposes of the rep 14a, Name and Title 14b. Address (Street and number, city, state, ZIP code) 14c. Tel. No. 14d. Cell No. 14f. E-Mail Address 14e, Fax No I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.